



SAMHSA-HRSA Center for Integrated Health Solutions

**SAMHSA PBHCI – HHS Region 5 Learning
Community In- Person Meeting
Wednesday, February 5 – Thursday, February 6**





SAMHSA-HRSA Center for Integrated Health Solutions

Building Capacity to Address Substance Use in Integrated Care Settings

PBHCI Regional Meetings

Building Capacity to Address Substance Use in Integrated Care Settings

In order to achieve the improved clinical outcomes and societal benefits of integrated behavioral health and primary care, one must screen, intervene and treat substance use conditions in addition to other behavioral health disorders.

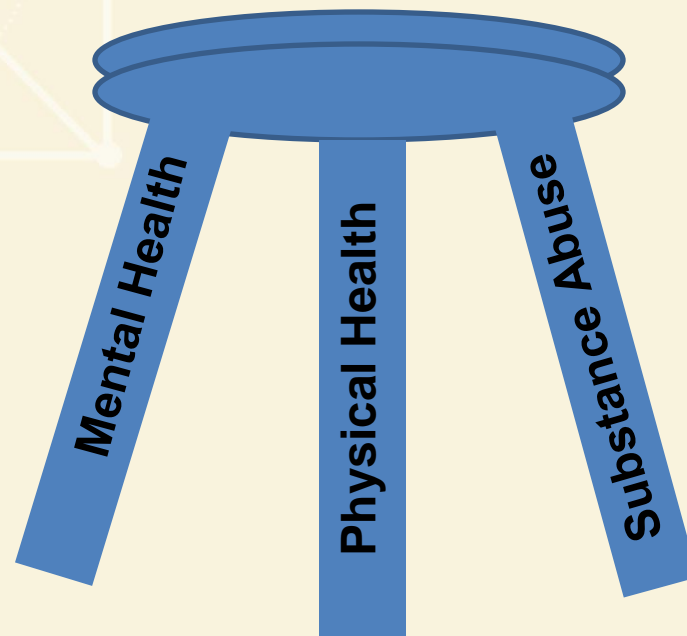
“We must deliver the whole package.”

*- Kathy Reynolds, Vice President of Integration and Wellness Promotion,
National Council for Behavioral Health*

Integrated Care—Missing Leg



Three Legs of Integrated Care



Building Capacity to Address Substance Use in Integrated Care Settings...

**Addiction as a public health concern
is comparable to other major medical
disorders**

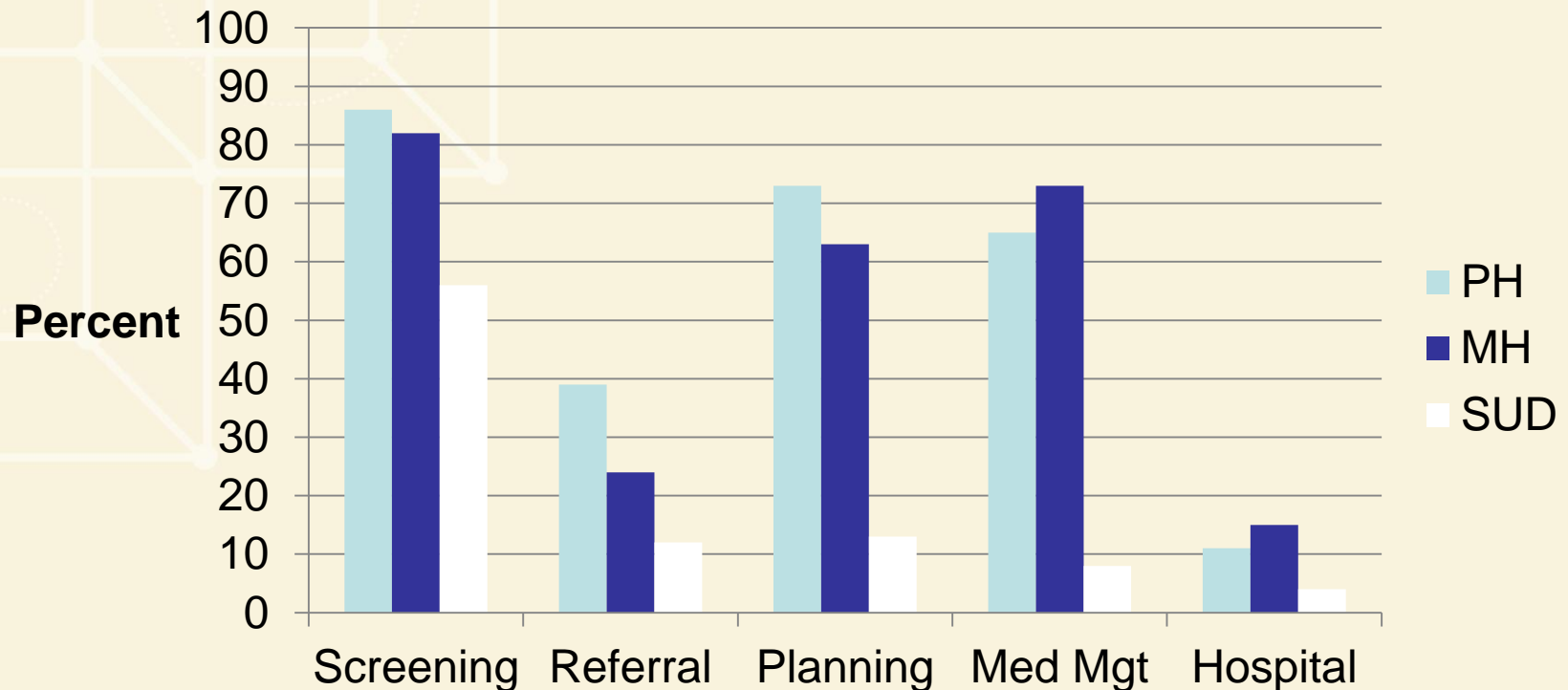
Addiction is a major public health concern....

Annual Costs

- Obesity – 147 billion
- **Smoking – 157 billion**
- Diabetes – 174 billion
- **Addiction – 193 billion***
- Heart Disease – 316 billion
- **Mental Illness – 100 billion**

*2011 ONDCP report: The Economic Impact of Illicit Drug Use on American Society

PBHCI consumers accessed PH and MH services; SUD service access was low*



* RAND data within 12 months of enrolling in PBHCI

Substance Abuse and Chronic Health Problems

In addition to the crime, violence, and loss of productivity associated with drug use, individuals living with a substance abuse disorder often have one or more physical health problems, including lung disease, hepatitis, HIV/AIDS, cardiovascular disease, cancer, and mental disorders such as depression, anxiety, bipolar disorder, and schizophrenia. In fact, research has indicated that persons with substance abuse disorders have:

- 9 times greater risk of congestive heart failure.
- 12 times greater risk of liver cirrhosis.
- 12 times the risk of developing pneumonia.

Mertens JR, Lu YW, Parthasarathy S, Moore C, Weisner CM. Medical and psychiatric conditions of alcohol and drug treatment patients in an HMO. 2003, Arch Int Med 163:2511-2517.

Substance Abuse and Chronic Health Problems

Alcohol is especially a problem.....

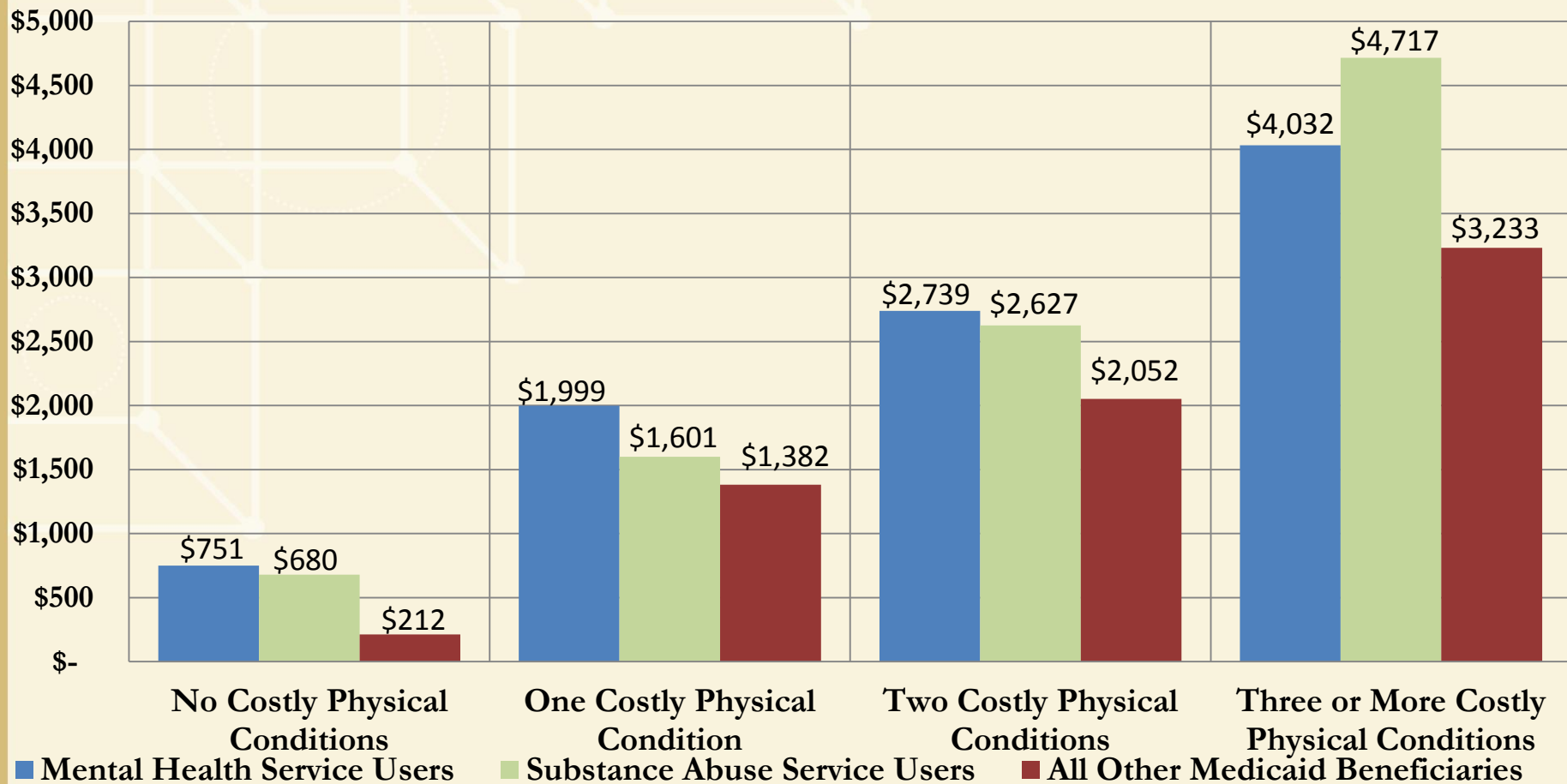
- Illnesses such as a variety of cancers, risk for osteoarthritic fracture, sleep disorders, and general medication adherence are negatively related to greater quantity and frequency of alcohol consumption
- **Yet more than 80 percent of adults say they've never discussed alcohol use with a health professional, a survey finds. ([CDC Morbidity and Mortality Weekly Report \(MMWR\)](#))**

Treatment of Co Occurring Mental Health and Substance Abuse – (Less than 10% receive it*)

- 2.6 million adults had co-occurring SMI and substance use disorder.
- Only 7.4 percent of individuals receive treatment for both conditions with 55.8 percent receiving no treatment at all.

* National Survey of Drug Use and Health (NSDUH 2012)

Substance Use Increases Costs



Substance use treatment and prevention services are a key component of the future of health care.....

- The ACA includes substance use disorders as one of the ten elements of essential health benefits
- Most members of the safety net will have / may have some sort of coverage, including mental health and substance use disorders
- Substance use can directly effect both cost and clinical outcomes, providers who don't adequately address substance use issue will be at a disadvantage

Can you compete in this new environment?

Advances in Addiction Treatment Medications

Over the past decade, the FDA approved three new medications for the treatment of substance abuse disorders.....

1. Buprenorphine: to treat opioid addictions in 2002
2. Acamprosate: to treat alcohol addiction in 2004
3. Extended-release Naltrexone: to treat alcohol addictions in 2006 and opioid addiction in 2010

Yet, 54% of addiction treatment programs have no physician.

So what can we do now to
address this?

Screening Brief Intervention and Referral to Treatment (SBIRT)

What is SBIRT (continued)

- SBIRT is the framework of a process by which providers can make the identification and treatment of substance use disorders a routine part of the healthcare process
- Designed to be used in a wide variety of settings: mental health, primary care, emergency departments, schools or other non-traditional settings

What is SBIRT (continued)

- Provides organizations with a seamless way to identify clients with substance use problems and connect them with existing treatment resources
- Many providers have differing organizational resources for treatment (internal staff, outsider partnerships, Co-occurring disorders programs, etc....)

How can providers identify patients with substance use problems and get them appropriate supports as a routine part of integrated care?

PBHCI Grantees.... Are you ready??

Through your integration projects, you are some of the organizations most prepared to capitalize on these new advances in medicine and changes in regulatory policy in order to provide comprehensive services to your clients

But.... Are you ready??

Take Home Points....

- Substance use screening and intervention are critical components of integrated care
- All members of the care team should have a working knowledge of the clients' substance use related behaviors (or formal diagnosis)
- Incorporating substance use screening and assessment into existing workflow/communication loops will ensure that the patients' health needs are met in a comprehensive, coordinated way
- Integrated treatment plans should include goals for substance use when applicable

TA opportunity for you.....

Beginning in March, CIHS will offer 4 months of intensive TA to PBHCI grantees to assist them in using resources available to more effectively address and mitigate problems associated with substance use. This training will be offer by application only and the proposed content will include:

- **Screening and assessment in integrated care settings**
- **Staff/workforce development**
- **Use of addiction treatment medications**
- **Care-coordination/information sharing/confidentiality 42CFR**
- **Integrated treatment planning and clinical workflows**
- **Partnership building**
- **Use of Peer Support**

Please e-mail Aaron Williams at: aaronw@thenationalcouncil.org for more info.

Resources

- The National Registry of Evidence-based Programs and Practices (NREPP) <http://nrepp.samhsa.gov/>
- Addiction Technology Transfer Centers (ATTC) <http://www.attcnetwork.org/index.asp>
- CIHS SBIRT Clearinghouse <http://www.integration.samhsa.gov/sbirt>
- CTN Dissemination Library <http://ctndisseminationlibrary.org/>
- Innovations in Addictions Treatment: Addiction Treatment Providers Working with Integrated Primary Care Services http://www.integration.samhsa.gov/clinical-practice/13_May_CIHS_Innovations.pdf
- National institute on Drug Abuse <http://www.drugabuse.gov/>
- Faces and Voices of Recovery <http://www.facesandvoicesofrecovery.org/>
- NIATX <http://www.niatx.net>

Questions



CONTACT INFORMATION

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Breakout Session

Critical Questions....

- Do you know what the substance use patterns are for your patients at a population level?
- Are you aware of your internal or external resources for addressing substance use and are those resources connected to your integration project?
- Do you have access to a variety of levels of care through partnerships so patients can be moved along the continuum of care, as appropriate?
- Does your program have staff with a range of expertise and/or competencies including substance use?
- Does your program have policies and procedures that help or hinder the disclosure of substance use activity?

Critical Questions for PBHCl grantees...

- When risky substance use is identified at any point with a client, is there a protocol/workflow in place to ensure that the rest of the care team is aware?
- Do you have an integrated treatment plan that includes substance use?
- How can the use of technology (EHRs, registries, CCD, NWIN Direct) help facilitate the communication of substance use-related information to the care team?

Case in Point # 1 Susan Smith

- 29 year old former hairdresser.
- Diagnosed with major depression.
- Has not been to see the doctor in 10 years.
- Having chest pains and heart palpitations.
- Occasionally drinks and uses cocaine.

Case in Point # 2 Jeffrey Surrat

- 33 year old male.
- Receiving treatment for schizophrenia.
- Recently he has also been experiencing back pain.
- Drinks alcohol excessively.
- Pack a day smoker.

Ideal Workflow

